



# Roseburg VA Medical Center Pharmacy Newsletter

January-February 2017 (Year of the Rooster)

## New medication copayment tiers

### Roseburg VA Medical Center

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### FORMULARY UPDATE

- Albuterol 0.5% concentrated nebulizer solution is no longer stocked; use pre-diluted Albuterol 0.083%
- Oral nutritional supplements are now non-renewable. Order must be entered by dietician for PCP to sign
- Patients will be auto-converted from:
  - hydroxyzine pamoate capsules to hydroxyzine hydrochloride tablets
  - All testosterone topical dosage forms to testosterone gel pump (preferred formulary agent)

Priority Group	Outpatient Med Tier	Copayment Amount for each 30 day supply
2-8	<b>Tier 1</b> (75 Preferred Generics)	\$5
	<b>Tier 2</b> (Generics and OTCs)	\$8
	<b>Tier 3</b> (Brand Name)	\$11

Starting Monday, February 27th, on a national level, VA outpatient pharmacies will be adopting the Fixed Medication Copay Tiers (FMCT) above. There will be no cost increase for 94% of Veterans and 80% of Veterans will see cost savings, since annual copayment caps will be reduced from \$960 to \$700 per calendar year.

Certain products will continue to be exempt from copay (Tier 0), such as blood glucose test strips, routine vaccines, and supplies. Copays apply to Veterans without a service-connected condition, or with a disability rated < 50% who are receiving outpatient treatment for a non-service connected condition, and whose annual income exceeds the limit set by law. For more information call 1-877-222-VETS(8387).

## Prescription drug monitoring program

State prescription drug monitoring programs (PDMPs) have become increasingly important to federal medical practice with the release of VHA Directive 1306. As of October 2016, practitioners in VA facilities must run a PDMP check when initiating therapy with any controlled substance (of more than five day course; patients enrolled in a hospice program are also exempt), or at least once a year for patients on chronic therapy. This should be documented under a separate chart note, for accounting of disclosure tracking, as well as to make it easy for other members of the care team to find. For RVAMC, the note is titled "Oregon State Prescription Drug Monitoring Program" as illustrated below.

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All practitioners who treat patients in Oregon may sign up for access to the PDMP, and may sign up staff members as delegates. Sign up info may be found at [www.orpdmp.com](http://www.orpdmp.com).

Fine print of VHA Directive 1306: if the state that you are licensed to practice in requires you to run PDMP checks more often than once a year for patients, the directive requires you to follow the more stringent state regulations. Oregon does not require prescribers to use the PDMP, so Oregon licensed practitioners in the VA only need to follow the VA guidelines. Fine print of Oregon PDMP: it does not include reporting of C-Vs such as codeine/guaifenesin cough syrup or diphenoxylate/atropine (Lomotil).

Full text of VHA Directive 1306 can be found at [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=3283](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3283), and questions related to this topic may be addressed to Martha Jones ([martha.jones5@va.gov](mailto:martha.jones5@va.gov)).

The screenshot shows the Vista CPRS software interface. At the top, there's a menu bar with options like File, Edit, View, Action, Options, Tools, and Help. Below the menu bar, patient information is displayed: ZZTEST, PATIENT 5 (OUTPATIENT), TRAVEL Jan 06,17 10:54, No PACT assigns, VistaWeb, Postings AD. A list of signed notes is shown on the left, with the most recent note titled 'OREGON STATE PRESCRIPTION DRUG MONITORING PROGRAM' highlighted. The progress note editor is open, showing the title 'OREGON STATE PRESCRIPTION DRUG MONITORING PROGRAM' and the date/time of the note: Jan 6,2017@11:07. The author is listed as Choy,Karla - PHARMACIST. At the bottom, there's a 'New Note' button highlighted with a red box.

## Erythropoietin drug use evaluation



Since 2008, the Roseburg VA pharmacy has managed patients taking erythropoiesis-stimulating agents (ESA) by telephone appointments, following to VISN 20 guidelines. A consultation protocol is available and includes criteria for referring patients to the Epo Clinic. Twelve new consults were received in the fiscal year of 2016 and a total of fourteen established patients were managed by the clinic. The Epo Clinic has achieved the VISN benchmark of  $\leq 88\%$  of patients having hemoglobin  $>13$  g/dL and consistently since clinic inception; the Epo Clinic exceeded this and maintained 100% of patients in FY16 meeting benchmark. It has been recommended by PT&N committee to continue this successful clinic to manage all patients on ESAs.

## Allergy assessments

Allergy assessments are a crucial part of the medication ordering process and are required prior to ordering medications. This also includes ordering vaccinations as well as any medications that will be administered in clinic, such as those for Pulmonary Function Tests. When inputting an allergy or adverse drug reaction into CPRS, include a description of the signs & symptoms of the reaction. A drop down menu and a comment box is available to free-form a description. An accurate allergy profile can assist clinical decision making if considering prescribing a medication in the same drug class or drug family.

The screenshot shows the 'Enter Allergy or Adverse Reaction' form. It has a 'General' tab. Under 'General', there is a checkbox for 'No Known Allergies' and a button for 'Active Allergies'. There are fields for 'Originator', 'Causative agent', 'Nature of Reaction', 'Origination Date' (set to Jan 19, 2017 @ 10:03), and 'Signs/Symptoms'. The 'Signs/Symptoms' field has a list of symptoms: ANXIETY, ITCHING OF EYE, HYPOTENSION, DROWSY, NAUSEA AND VOMITING, DIARRHEA, URTICARIA, DRY MOUTH, NASAL CONGESTION, RASH. There is a 'Selected Symptoms' field and a 'Comments' field. At the bottom, there is a 'Remove' button and a checkbox for 'ID Band Marked'.

## Quantity of colchicine restricted

Colchicine is not indicated for maintenance therapy and should be reserved for short term treatment of acute gout attacks. The appropriate dosing of colchicine for acute gout attack is 1.2 mg at onset, followed by 0.6 mg 1 hour later, if needed, for a maximum of 1.8 mg in a 1 hour period. The VISN dispensing limit is 6 tablets (0.6 mg each) with up to 5 refills within a 6-month time period. Allopurinol should be the primary anti-hyperuricemic agent used. For patients who cannot tolerate or have contraindications to allopurinol, febuxostat is a second line option for maintenance therapy.

## Therapeutic duplications

The Joint Commission Standard of a therapeutic duplication is two 'as needed' medications with the same indication. The most common include medications for constipation, pain, and anxiety. To avoid therapeutic duplications, provide specific details of when to use one therapy over the other. For example: acetaminophen and oxycodone both written 'as needed for pain' – specify that oxycodone should be used 'as needed for pain unrelieved by acetaminophen' or 'for severe pain' while acetaminophen is used 'for mild pain.' Providing this explanation will help keep our Veterans safe and informed on how to use their medications, and will also meet Joint Commission Standards.

## Non-VA medication list

Medication reconciliation is essential for ensuring continuity of care. Inaccurate medication lists can lead to medication errors such as duplications, omissions, dosing errors, or drug interactions. When ordering medications, drug interaction checks are also performed on non-VA medications. Therefore, confirming this list is updated is an important area for patient safety. Accurately documenting over-the-counter medications, vitamins, supplements, or medications filled at an outside pharmacies have the potential to reduce medication errors and improve patient care. Non-VA meds never auto-expire from this list and must be removed after a review. Everyone, not just providers, can participate in medication review.